

UST CLEANUP FUND CLAIM APPLICATION

UNDERGROUND STORAGE TANK CLEANUP FUND
CLAIM APPLICATION

Claim No.:
Date Received:
Priority:
Region:
Deductible:

This application provides required information for placement on the UST Cleanup Fund Priority List. Complete and submit this application with all required documentation to the address above. Refer to the claim application instructions contained in this booklet for assistance in completing this form.

CLAIMANT IDENTIFICATION		
THIS CLAIM IS BEING FILED BY: <input type="checkbox"/> UST OWNER <input type="checkbox"/> UST OPERATOR <input type="checkbox"/> UST OWNER & OPERATOR		
CLAIMANT NAME		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE No.	FAX No.
CLAIMANT STATUS (Check one): <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE/TRUST <input type="checkbox"/> OTHER		
TAX IDENTIFICATION No.:		
JOINT CLAIMANT		
JOINT CLAIMANT NAME		
MAILING ADDRESS		TELEPHONE No.:
CITY	STATE	ZIP CODE
JOINT CLAIMANT IS: <input type="checkbox"/> UST OWNER <input type="checkbox"/> UST OPERATOR		TAX IDENTIFICATION No.:
JOINT CLAIMANT STATUS (Check one): <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE/TRUST <input type="checkbox"/> OTHER		
JOINT CLAIMANT NAME		
MAILING ADDRESS		TELEPHONE No.:
CITY	STATE	ZIP CODE
JOINT CLAIMANT IS: <input type="checkbox"/> UST OWNER <input type="checkbox"/> UST OPERATOR		TAX IDENTIFICATION No.:
JOINT CLAIMANT STATUS (Check one): <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE/TRUST <input type="checkbox"/> OTHER		
CO-PAYEE		
CO-PAYEE NAME		
BUSINESS NAME (IF APPLICABLE)		TAX IDENTIFICATION No.:
MAILING ADDRESS		TELEPHONE No.:
CITY	STATE	ZIP CODE

ESTIMATE OF COSTS	
A. ELIGIBLE CORRECTIVE ACTION COSTS INCURRED TO DATE FOR COMPLETED WORK:	\$ _____
B. ESTIMATED ELIGIBLE CORRECTIVE ACTION COSTS TO COMPLETE CURRENT WORK:	\$ _____
C. ESTIMATED ELIGIBLE COSTS TO COMPLETE CORRECTIVE ACTION WORK:	\$ _____
D. THIRD PARTY COMPENSATION COSTS:	\$ _____
E. TOTAL:	\$ _____

CONTAMINATED SITE DESCRIPTION

SITE NAME _____

SITE ADDRESS _____

CITY _____	STATE _____	ZIP CODE _____	COUNTY _____	COUNTY CODE _____
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SITE TYPE ☐ RESIDENTIAL ☐ COMMERCIAL ☐ FARM ☐ OTHER: _____DESCRIPTION OF UST USE ☐ RESIDENTIAL MOTOR FUEL ☐ RESIDENTIAL HEATING OIL ☐ COMMERCIAL HEATING OIL
 ☐ AGRICULTURAL MOTOR FUEL ☐ RETAIL SALE ☐ OTHER: _____

DATE RELEASE DISCOVERED: _____	DATE REGULATORY AGENCY CONFIRMED RELEASE AND ISSUED CLEANUP DIRECTIVES: _____	DATE CORRECTIVE ACTION WAS INITIATED: _____
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HAS CORRECTIVE ACTION BEEN COMPLETED? <input type="checkbox"/> No <input type="checkbox"/> Yes DATE COMPLETED: _____	DID RELEASE REQUIRE AN EMERGENCY RESPONSE? <input type="checkbox"/> No <input type="checkbox"/> Yes (EXPLAIN BELOW)
--	--

LIST ALL USTs AT SUBJECT SITE		SUBSTANCE STORED	DATE UST REMOVED	UST REPLACED?	
CAPACITY				YES	NO
UST 1	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
UST 2	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
UST 3	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
UST 4	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PROVIDE A BRIEF DESCRIPTION, IN CHRONOLOGIC ORDER, OF ALL ACTIVITIES RELATED TO THE UNAUTHORIZED RELEASE, FROM DISCOVERY OF RELEASE TO PRESENT:

SITE MAP

ATTACH A SITE MAP DRAWN TO SCALE WHICH INCLUDES A NORTH ARROW AND DISTANCES RELATIVE TO THE NEAREST PUBLIC ROADS

REGULATORY AGENCY

LOCAL UST PERMITTING AGENCY

REGIONAL WATER QUALITY CONTROL BOARD (RWQCB)

LEAD AGENCY PROVIDING OVERSIGHT OF CLEANUP

☐

(1) RWQCB

☐

(2) LOCAL AGENCY

☐

(3) JOINT

LEAD AGENCY CONTACT PERSON

TELEPHONE No.

SITE HISTORY

IF THE CLAIMANT (UST OWNER/UST OPERATOR) IS ALSO THE PROPERTY OWNER, LIST THE DATE THE SITE WAS ACQUIRED:

MONTH _____ DAY _____ YEAR _____

IF SITE WAS ACQUIRED AFTER 1/1/84, IDENTIFY PERSON(S) FROM WHOM THE SITE WAS ACQUIRED:

NAME _____

ADDRESS _____

TELEPHONE No. _____

IF SITE HAS BEEN SOLD, LIST PARTY(IES) TO WHOM IT WAS SOLD AND THE DATE SOLD:

MONTH _____ DAY _____ YEAR _____

NAME _____

ADDRESS _____

TELEPHONE No. _____

IF CLAIMANT IS FILING AS UST OPERATOR ONLY, LIST DATES OF OPERATION:

FROM: _____ TO: _____

PROVIDE THE FOLLOWING HISTORY OF THE PROPERTY OWNERS, UST OWNERS, AND UST OPERATORS OF THIS SITE. AT A MINIMUM, PROVIDE INFORMATION FROM THE DATE OF UNAUTHORIZED RELEASE DISCOVERY TO THE TIME OF THIS APPLICATION SUBMITTAL:

<u>TIME PERIOD</u>	<u>PROPERTY OWNER</u>	<u>UST OWNER</u>	<u>UST OPERATOR</u>
FROM: _____	NAME _____	NAME _____	NAME _____
TO: _____	ADDRESS _____	ADDRESS _____	ADDRESS _____
FROM: _____	NAME _____	NAME _____	NAME _____
TO: _____	ADDRESS _____	ADDRESS _____	ADDRESS _____
FROM: _____	NAME _____	NAME _____	NAME _____
TO: _____	ADDRESS _____	ADDRESS _____	ADDRESS _____
FROM: _____	NAME _____	NAME _____	NAME _____
TO: _____	ADDRESS _____	ADDRESS _____	ADDRESS _____

NON-RECOVERY FROM OTHER SOURCES DISCLOSURE**INSURANCE**

A. IS THERE, OR HAS THERE EVER BEEN, AN INSURANCE POLICY COVERING THIS SITE? NO ☐ YES ☐

IF YES, LIST THE COMPANY NAME, ADDRESS, POLICY NUMBER, NAME AND TELEPHONE NUMBER OF THE CLAIM REPRESENTATIVE FOR EACH POLICY:

COMPANY NAME	ADDRESS
REPRESENTATIVE NAME	TELEPHONE No. POLICY No.
COMPANY NAME	ADDRESS
REPRESENTATIVE NAME	TELEPHONE No. POLICY No.

B. HAVE YOU FILED, OR DO YOU INTEND TO FILE, A CLAIM WITH THE INSURANCE CARRIER(S)? NO ☐ YES ☐

IF YES, ATTACH AN EXPLANATION OF THE STATUS OF THE CLAIM AND COPIES OF THE LATEST CORRESPONDENCE WITH THE INSURANCE COMPANY.

LITIGATION

A. HAVE YOU SOUGHT, OR DO YOU INTEND TO SEEK, MONEY FROM ANY OTHER PARTY POTENTIALLY RESPONSIBLE FOR THE UNAUTHORIZED RELEASE? NO ☐ YES ☐

IF YES, IDENTIFY THE PARTY(IES) BELOW LISTING NAME, ADDRESS, TELEPHONE NUMBER, AND REPRESENTATIVE

NAME	ADDRESS	TELEPHONE	REPRESENTATIVE

B. HAS LEGAL ACTION COMMENCED? NO ☐ YES ☐

IF YES, PROVIDE THE CASE NUMBER AND COUNTY IN WHICH THE ACTION HAS BEEN FILED. ATTACH A COPY OF THE COMPLAINT AND ANY AMENDMENTS TO THE COMPLAINT.

CASE No. _____ COUNTY _____

OTHER SOURCE OF FUNDS

A. HAVE YOU OR ANYONE ACTING ON YOUR BEHALF RECEIVED, OR DO YOU OR ANYONE ACTING ON YOUR BEHALF EXPECT TO RECEIVE, FUNDS FROM ANY SOURCE (INCLUDING BUT NOT LIMITED TO INSURANCE CLAIMS, LEGAL JUDGMENTS, AND CONTRIBUTIONS FROM OTHER POTENTIALLY RESPONSIBLE PARTIES, OR ANY OTHER SOURCE REGARDLESS HOW THE FUNDS WERE CHARACTERIZED WHICH WERE RELATED TO OR PAID IN CONSIDERATION OF THE UNAUTHORIZED RELEASE SUBJECT OF THE CLAIM? IF YES, ATTACH COPIES OF ALL SUCH DOCUMENTS. NO ☐ YES ☐

IF YES, LIST EACH SOURCE OF FUNDS AND THE AMOUNT:

DATE	SOURCE	IN PAYMENT OF	AMOUNT

B. HAVE YOU OR ANYONE ACTING ON YOUR BEHALF RECEIVED FUNDS RELATED TO THE CONTAMINATION BUT NOT DIRECTLY FOR THE CLEANUP OF THE CONTAMINATION WHICH IS THE SUBJECT OF THIS CLAIM? NO ☐ YES ☐

IF YES, SUBMIT DOCUMENTATION SUCH AS A SETTLEMENT AGREEMENT OR PLEADING, JUDGMENTS, OR ANY OTHER DOCUMENT THAT IDENTIFIES THE PURPOSE(S) FOR WHICH THE MONEY WAS RECEIVED.

C. ARE YOU OBLIGATED TO REPAY ANY PART OF THE FUNDS RECEIVED? NO ☐ YES ☐

IF YES, ATTACH DOCUMENTATION INDICATING WHAT IS TO BE REPAYED.

NOTE: With your signature(s) on the last page of this Claim Application, authorization is hereby granted to the UST Cleanup Fund, or its designated representative, to contact and obtain any information deemed necessary from the above-named parties for the purpose of eligibility determination regarding this claim.

PRIORITY CLASS WORKSHEET

PRIORITY CLASS OF CLAIMANT:

☐ A☐ B☐ C☐ D

PRIORITY CLASS OF JOINT CLAIMANT:

☐ A☐ B☐ C☐ D

NAME OF JOINT CLAIMANT: _____

PRIORITY CLASS OF JOINT CLAIMANT:

☐ A☐ B☐ C☐ D

NAME OF JOINT CLAIMANT: _____

PRIORITY CLASS OF UST OWNER AT TIME OF DISCOVERY OF RELEASE

☐ A☐ B☐ C☐ D

NAME OF UST OWNER: _____

PRIORITY CLASS OF UST OPERATOR AT TIME OF DISCOVERY OF RELEASE

☐ A☐ B☐ C☐ D

NAME OF UST OPERATOR: _____

PRIORITY CLASS OF UST OWNER AT TIME OF APPLICATION SUBMITTAL:

☐ A☐ B☐ C☐ D

NAME OF UST OWNER: _____

PRIORITY CLASS OF UST OPERATOR AT TIME OF APPLICATION SUBMITTAL:

☐ A☐ B☐ C☐ D

NAME OF UST OPERATOR: _____

PRIORITY CLASS BEING CLAIMED FOR THIS CLAIM APPLICATION

☐ A☐ B☐ C☐ D**PRIORITY CLASS A - RESIDENTIAL**CHECK THIS BOX IF THE UST CONTAINS HOME HEATING OIL
AND MEETS ALL CRITERIA FOR PRIORITY CLASS A:☐CHECK THIS BOX IF THE UST CONTAINS PETROLEUM
AND MEETS ALL CRITERIA FOR PRIORITY CLASS A:☐**PRIORITY CLASS B - SMALL BUSINESS**☐

CHECK THIS BOX IF CLAIMING PRIORITY CLASS B - SMALL BUSINESS. COMPLETE THE FOLLOWING INFORMATION:

BUSINESS NAME

BUSINESS ADDRESS

BUSINESS DESCRIPTION

DATES OF OPERATION:

FROM _____ TO _____

TYPE OF BUSINESS

☐ SERVICE☐ CONSTRUCTION☐ MANUFACTURER☐ NON-MANUFACTURER

INDUSTRY GROUP/LICENSE TYPE

MAX. RECEIPT AMT.
\$ _____

TYPE OF OWNERSHIP

☐ SOLE OWNER☐ PARTNERSHIP☐ CORPORATION☐ TRUST/ESTATE☐ OTHER - PLEASE SPECIFY: _____

IS THIS BUSINESS INDEPENDENTLY OWNED AND OPERATED?

☐ YES☐ NO

IS THIS BUSINESS DOMINANT STATEWIDE IN ITS FIELD OF OPERATION?

☐ YES☐ NO

AFFILIATED COMPANIES

NAMELOCATIONRELATIONSHIP

PRIORITY CLASS B - LOCAL GOVERNMENTAL ENTITIES & NONPROFIT ORGANIZATIONS

☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS B - LOCAL GOVERNMENTAL ENTITY OR NONPROFIT ORGANIZATION. COMPLETE THE FOLLOWING INFORMATION:

CLAIMANT STATUS ☐ CITY ☐ COUNTY ☐ LOCAL DISTRICT ☐ NONPROFIT TOTAL ANNUAL REVENUES \$ _____ FISCAL YEAR ENDING _____

PRIORITY CLASS C - OTHER BUSINESS

☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS C - OTHER BUSINESS. COMPLETE THE FOLLOWING INFORMATION:

BUSINESS NAME TOTAL NO. OF EMPLOYEES: _____

BUSINESS ADDRESS

BUSINESS DESCRIPTION DATES OF OPERATION: FROM _____ TO _____

TYPE OF OWNERSHIP ☐ SOLE OWNER ☐ PARTNERSHIP ☐ CORPORATION ☐ TRUST/ESTATE ☐ OTHER - PLEASE SPECIFY: _____

IS THIS BUSINESS INDEPENDENTLY OWNED AND OPERATED? ☐ YES ☐ NO

IS THIS BUSINESS DOMINANT STATEWIDE IN ITS FIELD OF OPERATION? ☐ YES ☐ NO

PRIORITY CLASS C - LOCAL GOVERNMENTAL ENTITIES & NONPROFIT ORGANIZATIONS

☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS C - LOCAL GOVERNMENTAL ENTITY OR NONPROFIT ORGANIZATION. COMPLETE THE FOLLOWING INFORMATION:

CLAIMANT STATUS ☐ CITY ☐ COUNTY ☐ LOCAL DISTRICT ☐ NONPROFIT TOTAL NO. OF EMPLOYEES: _____

PRIORITY CLASS D - ALL OTHER UST OWNERS AND OPERATORS

☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS D - ALL OTHER UST OWNERS AND UST OPERATORS. NO FURTHER INFORMATION IS REQUIRED FOR THIS PRIORITY CLASS.

FINANCIAL RESPONSIBILITY

☐ CHECK THIS BOX IF **EXEMPT** FROM FINANCIAL RESPONSIBILITY.

BASIS FOR EXEMPTION: ☐ RESIDENTIAL UST WITH CAPACITY OF 1,100 GALLONS OR LESS, STORING MOTOR FUEL NOT FOR RESALE
☐ UST FOR STORING HEATING OIL USED ON-SITE
☐ ALL USTs OWNED OR OPERATED WERE REMOVED PRIOR TO COMPLIANCE DATE (BELOW) AND NOT REPLACED
☐ OTHER: _____

☐ CHECK THIS BOX IF **REQUIRED** TO PROVIDE FINANCIAL RESPONSIBILITY AND ATTACH A COPY OF YOUR "CERTIFICATE OF FINANCIAL RESPONSIBILITY".

COMPLIANCE DATE: ☐ JANUARY 24, 1989 ☐ OCTOBER 26, 1989 ☐ APRIL 26, 1991 ☐ DECEMBER 31, 1993 ☐ FEBRUARY 18, 1994

MECHANISM(S) USED FOR DEMONSTRATION OF FINANCIAL RESPONSIBILITY. IF USING STATE FUND, INDICATE MECHANISM FOR PROVIDING REQUIRED DEDUCTIBLE.

- (1) ☐ TRUST FUND (2) ☐ SURETY BOND (3) ☐ GUARANTEE (4) ☐ SELF INSURANCE (5) ☐ LETTER OF CREDIT
(6) ☐ INSURANCE COVERAGE (7) ☐ RISK RETENTION GROUP (8) ☐ STATE FUND (9) ☐ CHIEF FINANCIAL OFFICER LETTER (10) ☐ BOND RATING TEST (GOV'T AGENCY)
(11) ☐ FUND BALANCE TEST (GOV'T AGENCY) (12) ☐ WORKSHEET TEST (GOV'T AGENCY) (13) ☐ GOVERNMENT GUARANTEE (GOV'T AGENCY) (14) ☐ OTHER: _____

CLAIMANT CERTIFICATION

CLAIMANT(S) HEREBY CERTIFY THAT:

1. CLAIMANT(S) IS (ARE) THE OWNER OR OPERATOR OF AN UNDERGROUND STORAGE TANK FROM WHICH THERE HAS BEEN AN UNAUTHORIZED RELEASE OF PETROLEUM FOR WHICH A CLAIM WITH THE FUND IS PERMISSIBLE UNDER CHAPTER 6.75 OF THE CALIFORNIA HEALTH AND SAFETY CODE (H&SC). CLAIMANT(S) IS (ARE) ENTITLED TO SUBMIT THIS CLAIM APPLICATION FOR REIMBURSEMENT FROM THE FUND.
2. ALL COSTS CLAIMED HEREIN WERE INCURRED AFTER JANUARY 1, 1988, ARE REASONABLE AND NECESSARY, AND ARE ELIGIBLE FOR REIMBURSEMENT.
3. CLAIMANT(S) OBTAINED ANY PERMITS REQUIRED UNDER CHAPTER 6.7 OF THE H&SC OR FILED SUBSTANTIALLY COMPLETE APPLICATIONS FOR ANY REQUIRED PERMITS ON OR BEFORE JANUARY 1, 1990, OR REQUESTED THE SWRCB TO WAIVE THIS REQUIREMENT AS A CONDITION OF ELIGIBILITY.
4. CLAIMANT(S) IS (ARE) IN COMPLIANCE WITH ANY APPLICABLE FINANCIAL RESPONSIBILITY REQUIREMENTS CONTAINED IN THE PETROLEUM UNDERGROUND STORAGE TANK CLEANUP FUND REGULATIONS (TITLE 23, DIVISION 3, CHAPTER 18, ARTICLE 3).
5. FOR COSTS CLAIMED WHICH WERE INCURRED BEFORE DECEMBER 2, 1991, THE CORRECTIVE ACTION TAKEN BY CLAIMANT(S) WAS:
 - (A) IN ACCORDANCE WITH APPLICABLE PROVISIONS OF CHAPTER 6.7 OF THE H&SC, AND TITLE 42, CHAPTER 82, SUBCHAPTER IX OF THE U.S. CODE AND FEDERAL REGULATIONS ADOPTED PURSUANT THERETO; AND
 - (B) CONSISTENT WITH ORAL OR WRITTEN LOCAL OR REGULATORY AGENCY ORDER, DIRECTIVE, APPROVAL, OR NOTIFICATION OF CLEANUP RESPONSIBILITY AND CONSISTENT WITH ANY APPLICABLE WASTE DISCHARGE REQUIREMENTS, AND STATE WATER QUALITY CONTROL POLICIES OR PLANS.
6. FOR COSTS CLAIMED WHICH WERE INCURRED AFTER DECEMBER 2, 1991, THE CLAIMANT(S):
 - (A) IS (ARE) IN COMPLIANCE WITH APPLICABLE CORRECTIVE ACTION REQUIREMENTS ESTABLISHED PURSUANT TO CHAPTER 6.75, ARTICLE 4 OF THE H&SC AND IMPLEMENTING REGULATIONS;
 - (B) HAS (HAVE) NOTIFIED THE APPROPRIATE LOCAL REGULATORY AGENCY OR THE CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD OF THE RELEASE THAT IS THE SUBJECT OF THIS CLAIM AND HAS (HAVE) BEEN REQUIRED BY SUCH AGENCY TO PERFORM THE CORRECTIVE ACTION FOR WHICH REIMBURSEMENT IS SOUGHT;
 - (C) IS (ARE) PERMITTED OR REQUIRED TO UNDERTAKE CORRECTIVE ACTION PURSUANT TO ORAL OR WRITTEN LOCAL OR REGULATORY AGENCY ORDER, DIRECTIVE, APPROVAL, OR NOTIFICATION OF CLEANUP RESPONSIBILITY.
7. IF CLAIMANT(S) WAS (WERE) AWARE OF THE UNAUTHORIZED RELEASE THAT IS THE SUBJECT OF THIS CLAIM PRIOR TO JANUARY 1, 1988, CLAIMANT(S) INITIATED CORRECTIVE ACTION ON OR BEFORE JUNE 30, 1988.
8. CLAIMANT(S) DOES (DO) NOT KNOW OF ANY FACTS WHICH WOULD PRECLUDE ANY PARTY FROM WHOM THE SITE WAS ACQUIRED FROM BEING ELIGIBLE TO FILE A CLAIM FOR REIMBURSEMENT FROM THE FUND.
9. CLAIMANT(S) FULLY UNDERSTAND(S) THAT THE SWRCB, AT ITS OPTION, MAY REQUIRE THE TRANSFER AND ASSIGNMENT TO THE STATE OF CALIFORNIA OF ANY AND ALL RIGHTS WHICH THE CLAIMANT(S) MAY HAVE TO RECOVER CORRECTIVE ACTION COSTS FROM ANY PERSON(S) RESPONSIBLE FOR THE UNAUTHORIZED RELEASE.
10. CLAIMANT(S) UNDERSTAND(S) THAT ALL RECORDS PERTAINING TO THIS CLAIM APPLICATION WILL BE RETAINED FOR A PERIOD OF AT LEAST THREE YEARS FROM THE DATE OF FINAL PAYMENT FROM THE FUND. THIS THREE YEAR PERIOD WILL BE EXTENDED UNTIL COMPLETION OF ANY AUDIT IN PROGRESS. ALL SUCH RECORDS WILL BE MADE AVAILABLE TO THE SWRCB OR ANY DESIGNATED REPRESENTATIVE THEREOF UPON REQUEST.
11. CLAIMANT(S) UNDERSTAND(S) THAT ALL REIMBURSEMENTS MADE PURSUANT TO THIS CLAIM APPLICATION ARE SUBJECT TO AUDIT BY THE SWRCB OR ANY REPRESENTATIVE THEREOF. CLAIMANT(S) WILL REIMBURSE THE STATE FOR ANY COSTS DISALLOWED PURSUANT TO SUCH AN AUDIT.

CLAIMANT VERIFICATION AND SIGNATURE

As the undersigned claimant(s) to the UST Cleanup Fund, I (we) hereby declare under penalty of perjury that all facts and statements set forth as part of this claim application are true and correct to the best of my (our) knowledge and belief.

EXECUTED AT: _____

ON THIS _____ DAY OF _____ 19 _____

CLAIMANT SIGNATURE _____

CLAIMANT PRINTED NAME _____

JOINT CLAIMANT SIGNATURE _____

JOINT CLAIMANT PRINTED NAME _____

APPLICATION CHECKLIST

Application Checklist

This checklist is to assist the claimant by ensuring that all required documentation is submitted with the claim application. Claimants should label each document with a reference to the Claim Application section.

CHECKLIST FOR REQUIRED DOCUMENTATION	
<input type="checkbox"/>	THIRD PARTY COSTS IF THIRD PARTY COMPENSATION COSTS ARE BEING CLAIMED, SUBMIT A COPY OF THE FINAL JUDGMENT, COURT-APPROVED SETTLEMENT, OR ARBITRATION AWARD. IF THE AWARD OR SETTLEMENT HAS BEEN PAID, PROVIDE PROOF OF PAYMENT.
<input type="checkbox"/>	SITE MAP SUBMIT A SITE MAP DRAWN TO SCALE WHICH INCLUDES A NORTH ARROW AND DISTANCES RELATIVE TO THE NEAREST PUBLIC ROADS.
<input type="checkbox"/>	UNAUTHORIZED RELEASE OF PETROLEUM SUBMIT DOCUMENTATION OF THE DISCOVERY, REPORTING, AND CONFIRMATION BY THE REGULATORY AGENCY OF THE UNAUTHORIZED RELEASE OF PETROLEUM THAT IS THE SUBJECT OF THE CLAIM APPLICATION.
<input type="checkbox"/>	CORRECTIVE ACTION INITIATION IF THE UNAUTHORIZED RELEASE WAS DISCOVERED PRIOR TO JANUARY 1, 1988, AND CORRECTIVE ACTION WAS INITIATED AFTER JUNE 30, 1988, THE CLAIMANT MUST SUBMIT DOCUMENTATION OF THE DATE OF WHEN CORRECTIVE ACTION WAS ORDERED.
<input type="checkbox"/>	REGULATORY AGENCY DIRECTIVE/CORRECTIVE ACTION COMPLIANCE SUBMIT COPIES OF ALL CORRECTIVE ACTION DIRECTIVES AND ORDERS ISSUED BY THE REGULATORY AGENCIES SHOWING THAT THE CLAIMANT IS/WAS BEING DIRECTED TO CLEAN UP CONTAMINATION AT THE SUBJECT SITE.
<input type="checkbox"/>	PERMIT TO OWN OR OPERATE SUBMIT A COPY OF THE PERMIT TO OWN OR OPERATE THE UST(S). IF THE CLAIMANT WAS NOT REQUIRED TO OBTAIN A PERMIT, PROVIDE DOCUMENTATION INDICATING A PERMIT WAS NOT REQUIRED.
<input type="checkbox"/>	PERMIT WAIVER REQUEST IF A PERMIT WAS REQUIRED AND THE CLAIMANT FAILED TO OBTAIN A PERMIT BY JANUARY 1, 1990, COMPLETE AND SUBMIT A PERMIT WAIVER REQUEST FORM.
<input type="checkbox"/>	PRIORITY CLASS A SUBMIT DOCUMENTATION SHOWING THAT THE PROPERTY ON WHICH THE UST WAS LOCATED WAS OWNER-OCCUPIED AT THE TIME OF THE DISCOVERY OF THE UNAUTHORIZED RELEASE (E.G., PROPERTY TAX BILL, UTILITY BILL).
<input type="checkbox"/>	PRIORITY CLASS B SUBMIT FEDERAL TAX RETURNS AND SUPPORTING DOCUMENTATION TO SUPPORT THE REQUEST FOR PLACEMENT IN THIS CLASS. CITIES, COUNTIES AND DISTRICTS MUST SUBMIT A COPY OF THEIR ANNUAL REPORT OF FINANCIAL TRANSACTIONS AS SUBMITTED TO THE STATE CONTROLLER'S OFFICE FOR THE LATEST FISCAL YEAR. NONPROFIT ORGANIZATIONS MUST SUBMIT A COPY OF THEIR ANNUAL FISCAL REPORT FILED WITH THE REGISTRY OF CHARITABLE TRUST OR A COPY OF THEIR FEDERAL TAX RECORDS FOR THE LATEST FISCAL YEAR.
<input type="checkbox"/>	PRIORITY CLASS C SUBMIT DOCUMENTATION IDENTIFYING THE NUMBER OF FULL-TIME AND PART-TIME EMPLOYEES (E.G., DE3).
<input type="checkbox"/>	CO-PAYEE AGREEMENT IF APPLICABLE, SUBMIT A COPY OF THE FINANCIAL AGREEMENT BETWEEN THE CLAIMANT AND ANY DESIGNATED CO-PAYEE.
<input type="checkbox"/>	CERTIFICATION OF FINANCIAL RESPONSIBILITY IF THE CLAIMANT IS SUBJECT TO THE FINANCIAL RESPONSIBILITY REQUIREMENTS, A COPY OF THE CERTIFICATION OF FINANCIAL RESPONSIBILITY THAT IS ON FILE WITH THE LOCAL REGULATORY AGENCY MUST BE SUBMITTED.
<input type="checkbox"/>	NON-RECOVERY/DISCLOSURE CERTIFICATION A COMPLETED AND SIGNED "NON-RECOVERY FROM OTHER SOURCES DISCLOSURE CERTIFICATION" FORM MUST BE COMPLETED, SIGNED AND SUBMITTED WITH THE CLAIMANT'S APPLICATION. THE FUND WILL USE THE FORM TO ENSURE THAT THE CLAIMANT HAS NOT AND WILL NOT RECEIVE DOUBLE PAYMENT.
<input type="checkbox"/>	AUTHORIZED REPRESENTATIVE DESIGNATION IF APPLICABLE, SUBMIT A COMPLETED AND SIGNED "AUTHORIZED REPRESENTATIVE DESIGNATION" FORM NAMING A REPRESENTATIVE TO SIGN AND FILE ANY DOCUMENTS RELATED TO THE APPLICATION ON THE CLAIMANT'S BEHALF.

**AUTHORIZED
REPRESENTATIVE
DESIGNATION FORM**

III

State Water Resources Control Board
Underground Storage Tank Cleanup Fund

AUTHORIZED REPRESENTATIVE DESIGNATION FORM

				CLAIM NO.:
CLAIMANT NAME:				
SITE ADDRESS:		CITY	STATE	ZIP CODE
CLAIMANT NAME:				
SITE ADDRESS:		CITY	STATE	ZIP CODE

The above identified claimant(s) do hereby jointly and severally appoint:

DESIGNATED AUTHORIZED REPRESENTATIVE NAME:				
COMPANY NAME:				
COMPANY ADDRESS:		CITY	STATE	ZIP CODE

to sign and file documents necessary to apply to the Underground Storage Tank Cleanup Fund (Fund) for reimbursement of corrective action costs incurred at the site identified above. Any action by the above-named designated authorized representative is for me (us) and in my (our) name and for my (our) use and benefit.

The above-named designated authorized representative is not a consultant working on the project site listed above.

I (we) hereby agree and further authorize the above-named designated authorized representative to certify that all applicable state and federal statutory and regulatory requirements pursuant to Chapter 6.75 of the Health & Safety Code (H&SC) and Chapter 18, Petroleum Underground Storage Tank Cleanup Fund Regulations, California Code of Regulations, have and will be complied with.

The signature of the above-named designated authorized representative is binding upon all claimants party to the above-identified claim.

This Authorized Representation Designation shall become effective on the date of execution and shall remain in effect until terminated, in writing, by the above-named claimant(s).

EXECUTED THIS _____ DAY OF _____ 19 _____	
AT _____	
CLAIMANT SIGNATURE _____	PRINTED NAME _____
CLAIMANT SIGNATURE _____	PRINTED NAME _____
AUTHORIZED REPRESENTATIVE SIGNATURE _____	PRINTED NAME _____

PERMIT WAIVER REQUEST FORM

State Water Resources Control Board
Underground Storage Tank Cleanup Fund

PERMIT WAIVER REQUEST FORM

CLAIM NO.:

CLAIMANT NAME:

SITE ADDRESS:

CITY

STATE

ZIP CODE

Claimants who were subject to the permit requirement but failed to comply by January 1, 1990, can request the State Water Resources Control Board (SWRCB) to waive the requirement as a condition for eligibility if the four requirements listed below have been met. Where the SWRCB grants the waiver, the level of required deductible is twice the amount otherwise required. In this case, the above-named claimant will be responsible for the first \$ _____ of eligible corrective action costs before Fund coverage begins.

I, _____, HEREBY REQUEST THE SWRCB TO GRANT A PERMIT WAIVER. TO QUALIFY FOR THIS WAIVER, I AM SUBMITTING DOCUMENTATION SHOWING THAT THE FOLLOWING FOUR PERMIT WAIVER REQUIREMENTS HAVE BEEN MET:

1. The claimant was unaware of the permit requirement prior to January 1, 1990, and did not intend to avoid the permit requirement or the associated fees.

DOCUMENTATION: Provide a brief history of the UST(s) and an explanation as to why the UST(s) were not permitted by January 1, 1990. Explain when and how you became aware of the law requiring a permit to own or operate the UST(s). (Attach additional sheets as necessary).

2. Prior to filing a claim, the claimant has complied with the financial responsibility requirements of Section 25299.31 of the Health and Safety Code (H&SC).

DOCUMENTATION: Attach a copy of the Certificate of Financial Responsibility that is on file with the local regulatory agency.

3. The claimant has obtained and paid for all currently required permits

DOCUMENTATION: If you owned or operated the UST(s) at the time of submitting your claim application, attach a copy of the permit to own or operate the UST(s) or a copy of an application to a local agency for a permit indicating that you are diligently pursuing the acquisition of a permit. If the UST(s) were removed prior to submitting your claim application, attach evidence that the UST(s) were removed, and the local regulatory agency notified, and a copy of the removal permit.

4. The claimant has paid all current UST fees imposed by Section 25299.41 of the H&SC, and all prior fees due on and after January 1, 1991.

DOCUMENTATION: If any of the USTs owned or operated had product placed in them on or after January 1, 1991, attach the most recent copy of the UST Fee Return Form filed with the State Board of Equalization with proof of payment.

CLAIMANT SIGNATURE: _____

PRINTED SIGNATURE: _____ DATE: _____